

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037395

FILED VS OCT 28 1960

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 4031 Registrar's No. 122

ENDED

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Adrian</b>		Length of stay in 1b <b>UNKNOWN</b>		c. CITY OR TOWN <b>Adrian</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lydia</b> Middle <b>Elizabeth</b> Last <b>Cummins</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-25-92</b>	
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>67</b> Days <b>67</b> Hours <b>67</b> Min. <b>67</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Hwife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Belmont Co. Ohio</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Clancy Gilham</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Ann Duffee</b>		14. NAME OF HUSBAND OR WIFE <b>William Carl Cummins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>495-10-3069D</b>		17. INFORMANT <b>Mrs. Eva Davis, Adrian Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Advanced Arteriosclerosis</b> DUE TO (b) <b>Chronic Interstitial Nephritis</b> DUE TO (c) <b>Chronic Interstitial Nephritis</b>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>12:55 A.M.</b> Month, Day, Year <b>Oct 17 1960</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct 17 1960</b> to <b>Oct 20, 1960</b> and last saw her alive on <b>Oct 17, 1960</b> Death occurred at <b>12:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Chas. A. Luck Jr.</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>State Bk Bldg. Butler Mo</b>		22c. DATE SIGNED <b>10/21/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-21-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>	
24. FUNERAL DIRECTOR <b>Six Funeral Service, Adrian, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Oct. 21-1960</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Kersay</b>	

(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1960

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ruth Steinbach

Licensed Embalmer No. 4657

P. O. Address Bethesda, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.